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Stay Home, Stay Safe

Proximity as Vitality and Vulnerability Under Lockdown

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Abstract

From March to May 2020 in the UK, measures that became known across the world as ‘lockdown’ curtailed personal freedoms in order to curb the spread of the SARS-CoV-2 Coronavirus. While initial criticisms of lockdown focused on the adverse impacts of social isolation on wellbeing, this research article explores how lockdown creates new and altered proximities and intimacies as well as distances. During the initial UK lockdown, the ‘household’ and ‘home’ were deployed in public rhetoric as default spaces of care and security in the face of widespread isolation and uncertainty. However, emergent proximities created by bringing people together in the assumed safety of home also deepened existing inequalities and vulnerabilities. Using anthropological theory, third sector evidence, and ethnographic interview data we explore this process. We argue that understanding proximity and intimacy as fundamentally ambivalent, not normatively affirming, is central to recognising how pandemic responses such as lockdown reinforce and reproduce existing forms of inequality and violence.

Keywords

Home, Coronavirus, Care, Kinship, Violence, UK.

Introduction

Measures to curb the spread of SARS-CoV-2 in mid-2020 resulted in dramatic restrictions on movement and activity across the world, known widely as ‘lockdown’. In the UK, the initial ‘lockdown’ period lasted from 23 March to 13 May 2020. The British public was urged by government messaging to ‘Stay Home – Protect the NHS – Save Lives’, meaning that most people could only leave their houses to provide essential care to others, exercise once a day, or shop for ‘essentials’. These measures were designed to reduce social contact by 75% in order to stem coronavirus transmission and allow healthcare services to treat the sickest effectively without being overwhelmed (Ferguson et al. 2020, 13).

For many people, lockdown meant more time at home. While rhetoric around the initial lockdown emphasised creating distance and isolation, lockdown measures also altered existing proximities and produced new ones. Examining these new and altered proximities and their impacts, we argue that it is important to conceptualise intimacy under lockdown as fundamentally ambivalent rather than normatively affirming. Scrutinising emergent forms of closeness reveals how pandemic responses entrench existing forms of inequality and subjection. This article asks what lessons might be learned by reflecting on this process, and how future disease management strategies might be more equitable.

As many commentators have noted, social isolation under lockdown has widespread adverse health implications, including increasing anxiety and depression rates (Mental Health Foundation 2020), reducing the richness of a varied social life, forming a barrier to social and community care (Bear et al. 2020), and creating the sense that life under lockdown is ‘unliveable’ (Long 2020; Rubin and Wessley 2020). Both lockdown measures and concerns about their harmful effects emphasise the importance of social distance—in terms of the former, to stem the spread of COVID-19; in terms of the latter, as a potentially damaging experience. Responses that focus on the harmful effects of isolation often highlight how social contact and intimacy are life-sustaining forces that remedy the damages of isolation (e.g., Long 2020) and are central to providing effective care and support (Bear et al. 2020). In the UK, non-governmental messaging during lockdown—from that of local support groups to that by corporate social media giants—also tended to juxtapose loneliness and the damage of isolation with maintaining community, co-presence, and togetherness as a strategy of resilience. However, assuming that social contact is affirming because it is the opposite of isolation risks reproducing a ‘sentimentalised view of sociality as sociability’ (Edwards and Strathern 2000, 152). A critical response to lockdown must also consider how the proximities and intimacies produced by limiting spatial mobility

can be sources of tension and axes of vulnerability, alongside examining the detrimental effects of isolation.

Throughout the UK's initial lockdown, government messaging and policy made 'home' and 'the household' default spaces of social contact and the counterpoint to social isolation and distancing. This was most clearly expressed in the popular phrase 'Stay home, stay safe', and the UK government's strapline 'Stay Home – Protect the NHS – Save Lives' during the most severe lockdown restrictions (UK Government 2020). As a result, ideas of home and the household often played a central role in re-shaping proximity and intimacy during lockdown. We initially consider how assuming home to be an affirming space belies the ambivalent potential of intimate domestic relations. We then explore how, in the context of a care home, producing an affirming and supportive sense of home under lockdown entrenches extant inequalities. As lockdown measures have become part of a normal pattern of disease management and daily life in the UK, learning from previous iterations is key to producing safer and more effective public health responses in future. Understanding how lockdown produces proximity and intimacy, alongside distance and isolation, is central to achieving this.

Theorising closeness

To think through emergent forms of closeness under lockdown, we pair proximity with intimacy in recognition of the fact that the physical and social aspects of closeness are rarely separable in practice (Sehlikoglu and Zengin 2015). Following Lynn Jamieson, we see intimacy as a processual experience that is constantly being made and refashioned through 'practices of intimacy', rather than being a given of particular relationships (1998, 2011). Our interest in how lockdown refashions intimacies builds on anthropological attention to how states and nations shape the contours and possibilities of intimacy (Povinelli 2006; Boellstorff 2004; Cooper 1995; Stoler 2002). While much of this literature takes sexuality as a principal window onto intimate worlds, we consider broader forms of social, emotional, and physical connection (including sexual intimacy) to move beyond the Eurocentric idea that sexuality is the apex of intimacy (Besnier 2015, 106).

Intimacy has often been analysed for its liberating and counter-hegemonic potentials, and intimate relations often seen as a space in which to re-shape norms that reproduce inequality. Likewise, in recent anthropological literature intimacy is often positively inflected as a relation of comfort, trust, and affirmation (see Geschiere 2013, 23–5). Complicating this picture, Jamieson traces how experiences of intimacy are often tied up in 'coping with or actively sustaining old inequalities rather than transforming them' (1999, 491). Although intimacy is often felt as a 'close and special quality of a relationship' (Jamieson 2011, 3) that tends to reflect affirming experiences such as empathy, care, and love, practices of

intimacy—the ways that people work to produce a sense of love, care, and closeness—are not necessarily democratising or counter-hegemonic. Rather, they may ‘re-inscribe inequalities such as those of age, class and gender as well as subvert them’, even as they produce a sense of closeness and affirmation (Ibid., 2011, 8). Jamieson’s practice-based account explicates intimacy as a structurally ambivalent force but one often experienced as subjectively affirming.

Peter Geschiere explores this ambivalence further, offering a darker vision of intimacy through a comparative analysis of witchcraft (2013). For Geschiere, witchcraft ‘conjures up the danger of treacherous attacks from close by—from inside a social core where peace and harmony should reign’ (2013, xv). Being socially close to others is potentially frightening because people recognise that their intimates, whom they understand themselves with and in relation to, are, *by dint of their closeness*, capable of doing great harm. From this perspective, notions of witchcraft are a manifestation of intimacy’s ambivalence and the struggle to build trust among intimates, reflecting ‘the realization that intimacy is not just a haven of peace but [a] source of threat and betrayal’ (2013, 23). Viewing sociality as fundamentally ambivalent in this way, rather than as normatively affirming, is a significant departure from traditional views of sociality in the social sciences (Geschiere 2013, xv) and, we would add, from popular imaginaries of intimacy under lockdown. Drawing on both Geschiere’s and Jamieson’s attention to intimacy’s ambivalence, we explore how intimacy under lockdown may be (and is often imagined as) a source of affirmation, but because of this is also a locus of potentially profound harm and subjection.

We use intimacy to describe the way lives are intertwined and recognise that this might be experienced as affirming, subjecting, or both simultaneously—rather than intimacy only connoting affective experiences of affirmation. While intimacy is taking new forms in an increasingly globalised and remotely connected world (Holmes 2014; Moore 2011), there remains a place for considering intimacies tied to physical proximity. This is particularly true in the context of a pandemic of a disease primarily communicated through close proximity, during which being physically close to others takes on new meaning and heightened significance. Hence, we focus on intimacies facilitated through physical proximity under lockdown without suggesting that these are the only, or paramount, intimacies at play.

‘Stay Home – Stay Safe’

In the UK, ‘the household’ and ‘home’ were deployed interchangeably in government messaging during the initial lockdown as the sanctioned unit of togetherness, a space of safety, and the counterpoint to social distancing. Under lockdown we could spend time in close proximity with people from our household

only, and (especially in the early days) were constantly enjoined to ‘stay home, stay safe’ both by government and as an addendum to emails, conversations, and phone calls. Although deliberately ambiguous, household implies (through its vagueness—we all know what a household is, right?) a stable, (hetero)normative, nuclear, family to fall back on for financial support, care, and sociality. Hence, as Nick Long argues, the detrimental health effects of social isolation are likely to disproportionately affect those living alone or in non-(hetero)normative households (2020, 252).

Private companies were quick to reproduce this messaging, with a slew of advertising emphasising the safety of home. Virgin Media’s slogan ‘Stay home, stay safe, stay connected’ accompanied adverts¹ showing households across the UK in states of domestic—if chaotic—bliss: grandparents watching a video of the cruise they should have been on, children doing schoolwork while a teacher looks on over Zoom, and flatmates replicating the Tour de France on stationary bikes (Virgin Media 2020). Elsewhere, cheesemaker Cathedral City proclaimed that ‘Right now, more than ever, the safest, most comforting place to be is home—#stayhome’. Its accompanying televised advert² juxtaposed empty streets and playgrounds with images of domestic warmth—a mother and father sitting down to eat a cheese-based meal with their two children in the comfort of their home (Elkins and Cook 2020). A vision of home as a cosy, safe, intergenerational, and often heteronormative space dominated public messaging. These visions of the ‘right’ sort of intimate presented home and togetherness as synonymous with safety and wellbeing.

Despite the longstanding popular association of home with safety and social nourishment, feminist critique and ethnographic analyses have long shown that home and household are ideological structures that naturalise intersecting fault lines of inequality associated with gender, age, sexuality, race, and class.³ Restrictions designed to reduce social contact outside the home, alongside the government’s key message of ‘Stay Home – Protect the NHS – Save Lives’, meant that the home took on a moral authority during lockdown and ‘staying home’ became a moral imperative. Good citizens stayed at home and were physically close only among their own households, while contact outside the household (without a *good* reason) made one a bad citizen. The British prime minister, Boris Johnson, re-emphasised this individualised moral responsibility when restrictions were reinstated in September, by stating: ‘Never in our history has our collective

1 <https://www.youtube.com/watch?v=T3Eom0ZmkSA>.

2 <https://www.tvadvertmusic.com/cathedral-city-cheese-stay-home/>.

3 See Bachelard (1964) on the house as a space of protection and affirmation, and Das (2008, 292) for a summary of anthropological critiques of this position.

destiny and our collective health depended so completely on our individual behaviour' (@BorisJohnson, 23 September 2020).

As home and the household became the morally sanctioned and predominant social contexts of life, the inequalities they produced occupied more space in people's lives (Andrew et al. 2020). In the first half of this article we explore how affirmation and harm are intertwined in lockdown intimacies because messaging about the safety of home and togetherness conceals, and potentially facilitates, harmful intimacies. We then consider how staff in a care home recognise the fragility of 'home' as an affirming space and work hard to maintain the care home's affirming qualities despite lockdown restrictions. However, seen in relation to broader gendered and racialised labour relations, this context reveals how reshaped proximities paired with ideals of home entrench the unequal distribution of labour, risk, and responsibility. These contexts are tied together by the assumption that home, whether conceived in relation to family or through the social and physical support of residential care, is necessarily affirming. Hence, we question to what extent one stays safe by reproducing the proximities and intimacies of home, and how doing so entrenches vulnerability and inequality.

Collaborative writing and methods

This article is a collaborative effort that draws on knowledge from across disciplinary (anthropology, criminology, gender studies, sociology) and professional (academic and third sector) boundaries. Leo Hopkinson is an anthropologist interested in care, violence, and intimacy; Lydia House has worked across the third sector in organisations concerned with gender and sexual health, gender-based violence, and care of the elderly. The importance of examining how lockdown reshapes proximity and intimacy emerged as we reflected together on our professional and personal experiences during the pandemic. Thinking across our professional boundaries created what Christine Hastrup calls 'collaborative moments', in which insights were established through the co-presence of different analytic perspectives (2017, 316) and, we would add, of different professional priorities.⁴ Just as working across disciplinary boundaries can tackle problems that lie between specialisms (Strathern 2005, 127), working across our professional boundaries has illuminated problems and questions not fully captured by either of our professionalised modes of approaching the world around us. Working across professional and epistemological boundaries in this way is, we suggest, particularly

4 For instance, in House's experience domestic abuse is still often misrepresented and misunderstood in the public eye. Consequently, we include a significant discussion of tactics of domestic abuse when analysing intimacy's ambivalence, despite this empirical work existing elsewhere (Gregory 2017; Lundgren 2004; Stark 2007, 2012; Westmarland 2015). We do so because broadening this record into other fields of study helps to widen the front on which persistent misrepresentation and misunderstanding are challenged.

pertinent given the global impact of the COVID-19 pandemic and potential future events of a similar scale.

A further advantage of this inter-epistemic working has been a licence to think with anthropological theory alongside data collected using methods which are atypical of socio-cultural anthropology. Although the third sector data we draw on includes statistical analysis and is often based on surveys and interviews, it also reflects knowledge and concerns built up over long periods of engagement by third sector advocates working with particular people and communities. In this sense, it is not so distant from the intimate, longitudinal knowledge central to the epistemic value of ethnographic research. Accordingly, we draw on House's professional knowledge and experience alongside relevant research, particularly when discussing domestic abuse. Recognising the affinities between anthropological ways of knowing and other modes of engaging with the world (without disregarding significant differences) is an important way of demonstrating the discipline's relevance to informing pandemic responses and responding to the challenges of life in a post-pandemic world.

The second half of the article draws on interviews carried out with a care worker called Sam.⁵ Sam was known to Hopkinson prior to the pandemic, although not initially in a research capacity. Conversations between the authors and Sam during the pandemic led to a series of in-depth, semi-structured interviews carried out between April and August of 2020, alongside many less formal conversations. Sam's positionality as a white man in his twenties with no financial dependents makes him a demographic rarity in the care industry, and his experience is unlikely to reflect that of other care workers precisely. Keeping this in mind, Sam's experience remains relevant for exploring how the labour of care work was affected by lockdown measures. Our conversations with Sam are a starting point from which we discuss the relationship between intimacy, care, and structural inequality, without presenting Sam's experience as representative of that of care workers in general.

Kinship as vitality and vulnerability

In his televised speech announcing the introduction of lockdown restrictions on 23 March 2020, Boris Johnson clarified what 'household' and 'home' meant to his government: 'You should not be meeting friends. If your friends ask you to meet, you should say no. You should not be meeting family members who do not live in your home'.

5 A pseudonym.

Juxtaposing ‘family’ with ‘friends’ reproduces the distinction between ties of blood and marriage—what David Schneider called the North American folk model of kinship (1968)—and other relationships, here glossed as ‘friends’. Although the reality of home for many people is more diverse than this, across UK government and other public messaging, home was often coterminous with a relatively small family group. The first few weeks of lockdown saw numerous articles and social media posts describing the benefits of spending more time as a family due to the restrictions, as well as pieces expressing concerns on the detrimental impacts of social isolation. While lockdown meant positive family time for some, modelling moral proximities around a small group of relatives does not necessarily foster affirming intimacies.

Although anthropologists have often analysed kinship relations for their generative and affirming qualities,⁶ kinship relations can be coercive, subordinating, and violent (Carsten 2013, 246; Das 1995; Lambek 2011; Peletz 2000). Indeed, their vitality itself makes them fraught with vulnerability; because kin co-constitute our sense of self and personhood intimately, they are in a position of trust from which they can do great harm (Geschiere 2013). In light of both its affirming and darker potentials, kinship appears as an ambivalent relation that derives its potential force (whether affirming or subjecting) from the intertwining of lives—that is, from intimacy. With this ambivalence in mind, we can begin to explore how imposing a particular model of home and family under lockdown might foster vulnerability.

Nancy Scheper-Hughes’s classic ethnography of rural Irish farming families (1979) is instructive in exploring the vulnerabilities fostered when family constitutes the only morally sanctioned social space. Sons who remained unmarried and managed family farms were seen by relatives as ‘saints’ for maintaining family businesses and providing intergenerational care. In doing so, however, they were denied friendships and romantic relations by the moral weight of strict Catholicism and a sense of responsibility to family. Despite these men having desires and aspirations beyond farm life, they often found it impossible to resist the sense of moral obligation applied by kin to stay. Consequently, Scheper-Hughes argues, they developed high rates of schizophrenia and depression and had high suicide rates.

These bachelor sons’ sense of responsibility reflects affective experiences of relatedness as moral obligation, feelings exacerbated by the farm and immediate family being the only normatively acceptable context of social life. Furthermore, proximity between kin on farms allowed older generations to reinforce a particular

6 This trend finds clear expression in accounts of kinship as fundamentally an ‘axiom of amity’ (Fortes 1970), or defined by the ‘mutuality of being’ (Sahlins 2013), and appears in ethnographic accounts of kinship’s affirming potential in contexts of social rupture caused by illness and disease (Henderson 2011), social marginality (Weston 1991), and structural violence (Han 2012).

vision of the ‘good’ son, and hence to make exacting claims over their sons. While the sons’ care work was affirming for older generations, it was subjecting for those providing it. The affective intertwinement of relatives’ lives, and the sense of moral obligation that accompanies it, become axes of subjection even as care work is done. Recognising that kinship relations might be coercive and subjecting precisely because of their intimacy and proximity (as in Scheper-Hughes’s ethnography) resonates with third sector data about household proximities under lockdown.

From 23 March into May 2020, LGBT+ organisations recorded a surge in demand for support services and called attention to the ways that LGBT+ people are disproportionately adversely affected by both COVID-19 and lockdown measures (LGBT Foundation 2020). During this time, increasing numbers of LGBT+ people were forced to cohabit or spend more time with unaccepting or abusive family or household members (LGBT Foundation 2020; UN 2020). In response, the CEO of the Albert Kennedy Trust (AKT), a UK LGBTQ+ youth support organisation, suggested that young people might want to ‘press pause’ on plans to come out to family during lockdown (Carroll 2020) as doing so might increase their risk of being made homeless by unaccepting families. According to AKT, 24% of homeless people in the UK identify as LGBT, and 77% of that number were made homeless by unaccepting families (Albert Kennedy Trust 2015). When lockdown measures limit support networks to a normative model of the household as close kin, the risk associated with coming out may increase.

Potentially harmful proximities for LGBT+ people are exacerbated by heightened financial insecurity under lockdown: workplace closures; a sense of obligation to provide care for family at a time when state care is stretched and schools are closed; or simple but affective requests from relatives to be close by in uncertain times. By reproducing a limited vision of family as a space of financial and social support, lockdown messaging limited access to alternative safe spaces. Simultaneously, messaging emphasised that ‘staying home’ was an individual moral responsibility, fostering a sense of moral obligation to care for family members during lockdown. Such moral messaging might push LGBT+ people toward living with unaccepting family despite recognising the dangers of doing so. Hence, LGBT+ people, already statistically more likely to suffer mental health problems and face physical abuse (Bachmann & Gooch 2018), are potentially pushed into proximities that increase their risk of abuse and adverse health outcomes.

Although withdrawing from kinship relations can be a strategy for managing pressures like these (Coleman 2009; Weston 1991), upheaval, insecurity, and lockdown restrictions during the pandemic made agential acts of ‘de-kinning’

difficult to achieve. Relations in English kinship reckoning often have spatial and temporal elements—their reduction or dissolution proceeds implicitly and gradually through decreasing interaction and increasing social and physical distance (Edwards and Strathern 2000). Hence, keeping kin physically close under lockdown (particularly in England) might reduce the possibility of loosening coercive or violent kinship relations through agentic acts of distancing.

Enforcing proximity around a narrow model of the household means that the prejudices and demands that normative relations foster hold greater sway in people's lives. If normative kinship relations can both limit horizons of experience and make exacting demands of responsibility and labour, then making a particular vision of home and family the only morally sanctioned social context—as UK government messaging and policy did between March and April 2020—risks making a proverbial nation of Irish bachelor sons under lockdown: people beholden to a narrow range of expectations that take a toll on their wellbeing.

#YouAreNotAlone—Domestic abuse as intimate violence

In stark contrast to messaging highlighting the safety of home, three weeks after lockdown Refuge's National Domestic Abuse hotline reported receiving 50% more calls than average and a 700% surge in website traffic (Refuge 2020a, 2020b). Elsewhere, Women's Aid found 61.3% of women living with abusive partners reporting worsening abuse during the initial lockdown (Women's Aid 2020a, 9) while London's Metropolitan Police⁷ (Snuggs 2020) reported a 24% rise (against the previous year) in cautions and convictions for domestic abuse in the six weeks from 9 March (Dodd 2020).⁸

Neither the coronavirus pandemic nor lockdown causes domestic abuse. Committing abuse is always a choice that abusers make. However, lockdown measures that took proximity to be implicitly affirming—that mistook sociality for sociability—created conditions that allowed domestic abuse to flourish. Although the spike in domestic abuse under lockdown is well documented (e.g., Women's Aid 2020a), understanding why this happened highlights the importance of recognising how lockdown measures produce proximity and intimacy, not only distance and isolation.

⁷ See: <https://news.sky.com/story/coronavirus-4-000-domestic-abuse-arrests-in-london-in-just-six-weeks-police-say-11978358>

⁸ While domestic abuse affects a range of people, it is most frequently perpetrated against women (ONS 2020; see also Women's Aid 2020d). This discrepancy is widely understood to be both a cause and a consequence of gender inequality. We focus on women's experiences of domestic abuse because they are the most prevalent and because most research about abuse is carried out through a gendered lens, not because men's experiences are not important or valid. Further research might fruitfully examine the impact of new and altered proximities under lockdown on men's experiences of domestic abuse.

Evan Stark argues that domestic abuse laws often do not reflect the realities of abuse. A ‘violence model’ that responds to distinct episodes of violence ties victims’ psychological or emotional harm directly, and singularly, to those episodes (Stark 2007, 11). However, most victims’ experience of abuse takes place outside of legally defined criminal acts such as stalking or physical violence. Hence, critical feminist scholars and activist organisations identify abuse as a pattern of seemingly small but continual actions that inhibit victims’ ‘life space’ (Lundgren 2004) and ‘target a victim’s autonomy, equality, liberty, social supports and dignity’ (Stark 2012, 4; see also Johnson 2017; Westmarland 2015). Taking domestic abuse to be a diffuse and continual process, we consider three broadly conceived tactics of abuse and control —surveillance, isolation, and dependence—as practices of proximity and intimacy that were exacerbated by lockdown measures.

Domestic abuse is always targeted, personal, and shaped by an intimate knowledge of the victim; one abuser’s tactics will not work for another. Likewise, surviving and escaping abuse is inevitably shaped by cultural and economic differences, and inequalities including those associated with race, class and ethnicity.⁹ Rather than reflecting specific experiences, the tactics we describe below are a starting point for thinking about how lockdown measures might affect people living with an abusive partner, relative, or companion; and, hence, how policy might be rethought.

Surveillance

Surveillance may involve recording and controlling conventionally significant aspects of victims’ lives, such as access to money, movement, socialising, or material possessions. However, it might also involve the ‘micro-management’ of seemingly trivial activities such as watching television, reading books, or accessing internet sites. Surveillance conveys an abuser’s power by making them omnipresent to victims—physically and/or psychologically—thus allowing them to micro-regulate victims’ lives. In all these instances, surveillance is an intimate form of violence because it demands access to the intricacies of another’s life and deepens the intertwinement of lives in a profoundly unequal and violent way. The increased proximities caused by limiting social contact outside of the normative household through, for example, furloughing, working from home, and loss of employment can make surveillance easier for abusers to perpetrate.

9 While help-seeking literature suggests that cultural norms shape abuse and make accessing support particularly difficult for ethnic minority women in the UK (see Johnson 2017, 36), over-emphasising cultural patterning of abuse may risk homogenising victims’ experiences and may locate abuse as a ‘cultural’ problem of minority and immigrant groups (Ibid., 37).

Isolation and dependence

Isolation as a tactic of control involves weakening victims' connections with family and friends to create a sense of dependency on a perpetrator, which in turn makes it extremely difficult for victims to seek support. This is a notoriously difficult sign of abuse to spot, as a sense of dependency may be something that at the time a victim may genuinely want. Again, lockdown restrictions that limit opportunities for social contact outside the home and limit freedom of movement, increase the likelihood of people in abusive relations becoming or feeling isolated (Women's Aid 2020a, 12).

While isolation limits scrutiny, support, and opportunities for self-interested decision-making, it is also a process that deepens the intertwinement between victim and perpetrator through which 'controllers become [victims]' primary source of information, interpretation and validation' (Stark 2012, 12), systematically increasing their power over victims. During lockdown, this was particularly evident when lives were intertwined by relationships of material dependence. In a Women's Aid survivor survey, 72% of respondents said that their abuser had gained more control over their life since the COVID-19 pandemic (Women's Aid 2020b, 5) for reasons that included becoming increasingly reliant on their abuser for food and medication under lockdown. For people experiencing domestic abuse, social isolation and deepening dependence on an abuser are often two sides of the same coin. To reflect this dynamic, it is useful to think of isolation as a double-sided process in which a single relationship becomes the dominant force in the victim's lives while others are shut out, rather than as a complete lack of sociality.

On getting out

When an incidence of domestic abuse makes the news (which often only happens when abuse escalates to the point of murder), a familiar question is: 'Why didn't she leave?' Leaving is difficult—women often seek help many times before getting the support necessary to leave; and is a dangerous, as abusive partners may use more extreme measures to control victims who try to leave.¹⁰ Lockdown measures between March and May 2020 made it even more difficult to escape, as 78.3% of respondents experiencing abuse reported (Women's Aid 2020b, 4).

Although UK lockdown measures were lifted for much of June to September 2020, and have been again subsequently, their effects on people living in abusive relationships were unlikely to change immediately:

Imagine being told every day that you're worthless and the impact that this has on your self-esteem. Victims have very limited freedom to make decisions in

¹⁰ Refuge (n.d.) highlight this heightened danger in their resources for women planning to leave an abusive partner.

an abusive relationship, they are often traumatised, regularly told ‘you couldn’t manage on your own, you need me’ (Women’s Aid 2020c).

Control and coercion achieved through surveillance and dependence/isolation increase in intensity and efficacy as they go on. Once an abuser has become intricately intertwined in a victim’s life, leaving becomes increasingly materially, socially, and psychologically difficult. Hence, intimate forms of abuse that flourished under lockdown are not necessarily overcome by lifting lockdown restrictions. Although by June 2020 lockdown measures had begun to be lifted and the government had advised that leaving the house to escape abuse was allowed, Women’s Aid found that leaving or seeking help was still extremely difficult—‘almost half of those living with their abuser still felt they could not leave’ (Women’s Aid 2020a, 16). Thinking about lockdown and domestic abuse as producing proximities allows us to recognise that drastically increased social contact when lockdown measures are eased does not necessarily reverse the damage already caused to people in abusive relations.

Responding to the increase in domestic abuse during lockdown, the UK government launched a campaign to support victims of abuse titled #YouAreNotAlone. Although well intentioned, the campaign deploys the same conflation of proximity and safety that we have problematised. Victims of domestic abuse are not alone, and that is part of the problem. Organisations supporting survivors have pointed out this problematic conflation, arguing that ‘Abusers always work from home’ (Wunderman Thompson and NCDV 2020), that ‘people in abusive relationships are at increased risk during lockdown as they have no escape from their abusers (Hestia 2020), and that ‘for thousands of women and children...home is anything but safe’ (Women’s Aid 2020e). Lockdown creates spaces in which intimate abuse can flourish because it encourages proximities that are assumed to be inherently affirming. Under the enforced proximity of lockdown, victim-survivors are sometimes more ‘not alone’ than ever.

Ambivalent intimacies

Making the household the model of moral social proximity under lockdown reinforces the idea that domestic relations are inherently affirming and ‘safe’. Recognising the ambivalence of intimacy and proximity is one way that we might learn from the May–June 2020 lockdown. Narratives that position homophobic, sexist, or abusive kinship and domestic relations as ‘incorrect’ or ‘doing relating wrong’ implicitly promote the position that intimate relations are inherently affirming. Domestic abuse and homophobia (to mention only the examples we have explored) become individualised pathologies—caused by individual outliers doing relations badly—rather than reflecting the potential of intimate and proximate relations themselves.

Presenting being alone as implicitly damaging and togetherness as implicitly affirming downplays the importance of anticipating or responding to the qualities that determine whether, to what extent, and for whom intimate proximities are affirming or subjecting. Since October 2020, lockdown measures have been periodically reinstated in response to sharp rises in cases of COVID-19 in the UK. In this context, and in future pandemic/public health responses, thinking of close domestic relations (whether between kin, partners, companions, or others) as intimate relations of power that can be coercive and violent as well as affirming and generative—but which are inherently neither—is central to identifying how new and altered proximities under lockdown entrench existing inequalities and abuses.

Making home, reproducing inequality

While government and public messaging assumed the inherent safety of home, in other contexts the affirming qualities of home were not taken for granted. One such space was the care sector. This section considers how lockdown reshaped the process of making a sense of ‘home’ in professional care work, and how these changes reproduced existing inequalities. We do this by exploring the experiences of a care worker, Sam, alongside ethnographic and demographic data about care work during and before the pandemic.

Sam works in a residential care home in the UK (henceforth ‘the home’). Residents at the home are elderly people, including some with dementia or Alzheimer’s, who need support in their day-to-day lives. During the initial lockdown, Sam was employed by an agency and worked 40 to 50 hours a week. As a white British man in his mid-twenties with no dependents, he is demographically unusual in a largely female labour force with a relatively high proportion of workers from Black African, Black Caribbean, and Black British communities (Skills for Care 2019, 70), and workers who are not British nationals (2019,72). His life is relatively financially and socially secure; he does not struggle to pay rent, food, or fuel bills, and his home life—he lives in a household of six, with three generations of his family—is stable. Sam began working as a care worker in 2019. He saw the job as a way of building relevant experience for a future career in social work, but also as work with a moral imperative—a job that ‘needs to be done’, in his words. Given his positionality, Sam’s experience of lockdown is unlikely to reflect that of his co-workers precisely. Hence, we use his experience in conjunction with other ethnographic and demographic data to think about how providing good care, even successfully, under the altered proximities of lockdown might reinforce damaging inequalities.

Making ‘home’ under lockdown

During their conversations, Hopkinson asked Sam about the conceptual importance of home in his work.

LH: What makes a care home a care *home*? I'm interested in the 'home' bit.

S: Why is it called a home or what makes it a home?

LH: Both.

S: What makes it a home is ... [pause] ... person-centred care. I mean, people knowing each other, familiarity. A feeling of community—the residents knowing each other and the staff knowing the residents. You know, compared to a hospital where you don't have those personal bonds.

For Sam, home connotes a sense of mutual connection, affirmation, and care. He calls this 'person-centred care' to distinguish this vision of home from a more mechanical model of care as corporeal maintenance, which he aligns with biomedical care by invoking the hospital. He continued: 'It's called a care home because it's where people live when they receive care. But I think people could live somewhere and receive care and it could not be "homely"'. For Sam, home requires work, experience, and skill to be realised—making home is processual and contingent. That care can be provided without being homely echoes his distinction between 'person-centred' and mechanical biomedical care.

Sam's holistic model of good care reflects recent anthropological work that theorises care as mutual and reciprocal rather than as a service supplied by a caregiver to a receiver (Black 2018; Buch 2015). In this vein, care has also been theorised as an inherently moral project that defines our humanity (Kleinman 2009), through which the possibilities of a good life are constantly re-negotiated in response to contextual constraints (Mol, Moser and Pols 2010, 13). Seen in this light, care may be understood as a powerful mode of political action through which people resist subjection and create lives worth living in the face of structural violence, illness and disease, and social marginality (Han 2012; Dilger 2010; Taylor 2008). In this scholarship, good care is seen as a diverse and mutual project that, in accordance with Sam's understanding, goes beyond biomedical models of corporeal maintenance carried out by professionals on suffering recipients.

With this understanding in mind, exploring emergent practices of care under lockdown might seem helpful for developing productive ways of relating at a time of impeded sociality. Yet, emphasising only affirmation, reciprocity, and mutuality in care risks obscuring the ways that care is also a relation of power. Despite its reciprocity, capacities to care are always unevenly distributed, while both care-labour distribution and the value attached to care work are informed by intersectional inequalities of gender, race, class, and sexuality (Glenn 2010; Colen 1995). Ethnographic accounts have shown that state biomedical care can diminish its recipients' sense of selfhood (Stevenson 2014), and that institutional care can

reproduce racist stereotypes (Bridges 2011, Livingston 2012) and social inequality (Buch 2013), and be violent rather than therapeutic (Mulla 2014). These accounts resonate with Sam's observation that care is not coterminous with affirmation—that making 'home' as a project of mutual affirmation is not a given of all caring relations.

Whether seen as an ethical project of affirmation or a relation of power and subjection, care work often demands both somatic and affective proximity and entwines the lives of parties caring for one another. In other words, whether affirmatively or adversely experienced, care is intimate work. Taken together, theoretical approaches which emphasise care's affirming potential and those which emphasise its subjecting forms help to account for the ambivalence of care work under lockdown.

The shifting potential for homeliness

Strict lockdown measures reshaped physical proximity in Sam's workplace, and with it the potential for creating a homely environment. Like other care homes in the UK, the home banned non-essential visitors, including family and friends, at the beginning of lockdown. In late March 2020, the three floors of the home were merged into two in response to staff shortages. Understandably, Sam saw the closure of the home to non-essential visitors as having an adverse effect on residents:

Things like having their dentures adjusted or having the hairdresser or their friends and family come, of course, that's all been cancelled. It makes the care home quieter and makes the residents feel more lonely ... It's had a real impact on them.

Here, effective care requires the small, seemingly non-essential encounters (like a visit from the hairdresser) that respond to residents' likes, dislikes, and idiosyncrasies and by doing so affirms their sense of self (Taylor 2008). The ban on 'non-essential' visitors also increased Sam's workload.

LH: When family or friends come in, do they do any of the care work-ey things?

S: Yeah, kind of. If they want to take them [residents] to the toilet they can. If a resident requires hoisting, which requires specific training, then the carers [employees] do it, but if it's someone walking next to them to make sure that they don't fall, then the family can probably do it ... [pause] ... It's harder [for care workers] without the family there.

Staff like Sam appreciate that good care is a collaborative effort between professional and non-professional carers, but also that making 'home' is a function

of mutual care between residents. When a resident tested positive for COVID-19 in April, changes at the home were ‘ramped up’ (Sam’s words), with residents isolated from one another and anti-contagion measures increasingly stringent:

Recently [since the COVID case in the home] residents have to stay in their rooms. They’re not allowed into the dining room or into the lounge ... That’s made things harder than not having visitors because [residents] can’t socialise with each other now. ... It was really important that they could all sit in the dining room on the same table together, and all sit in the lounge together and natter. I think it’s made them feel really lonely ... [pause] ... like the days are really long and they’re just sitting alone in their room all day.

As well as precluding non-professional and mutual forms of care, anti-contagion measures re-shaped the affective experience of physical encounters between care workers and residents.

S: Recently we have to wear masks all the time, which means you can’t smile at people [laughs], which sounds small but it’s quite big, I think.

LH: Why is that?

S: I think it’s just showing that emotion, showing that smile, it’s important. Particularly for someone [with dementia or Alzheimer’s] who has lost the capacity to understand a lot of things, they’ll still understand a smile and that makes their experience a bit nicer. It’s like that very basic human interaction that you can’t really give if you’re wearing a mask.

Good care during the physical intimacy of dressing, undressing, or applying topical medicine requires the affirming affective connection of a smile. When people remain physically close under lockdown, physical barriers to infection are also barriers to embodied affective connections, which constitute care as more than corporeal maintenance.

Sam recognises that good care happens ‘in the round’—a term we use to reflect his account of good care as collaborative, reciprocal, responding to and recognising residents’ subjectivities, and achieved by non-professionals alongside medical professionals and care workers. He sets this understanding against a mechanical model of care as impersonal, instrumental, concerned with corporeal maintenance, and provided by a giver to a receiver. While care does not stop when physical proximity is not possible and while intimacy can be sustained at a distance (Ahlin 2018; Baldassar, Baldock, and Wilding 2006), Sam’s experience shows that some forms of intimacy and care do require close physical proximity. For Sam, anti-contagion measures, which reshaped and reduced proximity, promoted an

insufficient model of care concerned with corporeal maintenance and biomedical disease management over good care 'in the round'.

Reproducing care in the round

Despite these changes, Sam and his colleagues sought to reproduce care in the round.

LH: Has it [lockdown] changed the way that you work?

S: Since COVID and the outbreak I want to spend time with residents, chat with them more, because they are lonely and isolated, especially recently ... They're trying to keep that social element of the home alive, but it's harder.

Making the home an affirming space is a moral imperative for Sam because he witnesses residents' isolation and suffering. Yet, doing so by providing care 'in the round' became increasingly difficult under anti-contagion restrictions, a situation compounded by understaffing:

S: I notice the residents being more lonely so I make more time to try to chat to them, but normally we don't really have that much time and also because of coronavirus we are understaffed ... so we've actually had less time to talk to residents.

LH: How has it been working understaffed?

S: It's more rushed ... It makes work more stressful and means that you don't have time to get everything done ... or not as much as you would like to. We like to do a round of teas in the morning about 11 ... but if some people are still getting up and you're giving them their breakfast at 11 or 12 then ... you know.

LH: How does it make you feel when you have to ...

S: Rush around to get everything done?

LH: Yeah, when you can't spend the time like you mentioned.

S: More stressful, it's more tiring.

At the home, a shortfall appears in the gap between a biomedical account of care as corporeal and psychological maintenance, and care workers' understanding of good care as diffuse, reciprocal, social, and idiosyncratic. Care workers who remain physically close to residents pick up the shortfall and with it the strain of trying to make the home 'homely'. Sam and his colleagues feel an increasing sense of moral responsibility to provide their vision of 'good care' for suffering

residents, and consequently take on new work to recognise and affirm residents' personhood. In doing so, they become increasingly implicated in residents' lives. Under lockdown, proximities in the home not only remain but take on new registers of intimacy.

Sam's proximities at work also affect his life outside the home. Sam lives with three generations of family, including some in their 60s and at a higher than average risk from COVID-19. After a resident at the home was diagnosed with COVID-19, Sam explained that he felt more 'nervous' and 'on edge' at work:

LH: Why is that?

S: Because I could go out and spread it [coronavirus] to another resident, or my family, or get it myself.

Remaining physically close to residents creates a new sense of responsibility and intensity both at work—as a possible vector of disease between already vulnerable residents—and in Sam's life outside the home. Because they remain close to residents in the home, care workers (like other medical and support workers) shoulder the responsibility of potential risk to the health of their social circles outside of work.

Distributing risk and responsibility

The increased labour, risk, and responsibility shouldered by care workers under lockdown is, of course, unevenly distributed. As a white British man under 25, Sam is demographically atypical in his role.¹¹ According to research by Skills for Care, women make up 83% of care workers but only 47% of the total workforce (SfC 2019, 66), while 24% of care workers identify as Black, Asian, or Minority Ethnic compared with 14% of the population in England (SfC 2019, 71). Black African, Black Caribbean, and Black British people make up the most significant minority of the social care workforce, at 11%, despite representing only 3% of the population (SfC 2019, 70)

From higher death rates to greater poverty, work-related stress, and lower government support, Black and Minority Ethnic people in the UK have been disproportionately affected by COVID-19 (Haque, Becares, and Treloar 2020). According to research by the Runnymede Trust, people from Black African, Pakistani, and Bangladeshi communities are most likely to live in large households—with 53%, 64%, and 71%, respectively, living in households of four or more people compared with only 25% of the White British population (Haque,

¹¹ In working with data about the impact of COVID-19 on Black and Minority Ethnic communities, we use the wording and ethnicity categories of the reports we are citing and the Runnymede Trust's wording of Black and Minority Ethnic when comparing with White British groups (see Haque, Becares, and Treloar 2020, 4).

Becares, and Treloar 2020, 6). This factor is directly linked to higher rates of COVID-19 transmission (Haque, Becares, and Treloar 2020, 7; Martin et al. 2020), and thus heightens the responsibility that care workers from these communities shoulder by remaining in close proximity to others at work. Taken together, figures from SfC and the Runnymede Trust suggest that people from Black African, Black Caribbean, and Black British communities were particularly likely to be over-exposed and to bear greater responsibility for potential household transmissions as care workers during lockdown. The uneven distribution of labour and moral responsibility associated with care work under lockdown compounds the disproportionate effect of COVID-19 on Black and Minority Ethnic people in the UK.

Care workers are also often precariously employed, with 35% (or 290,000 people) in England on zero-hours contracts (SfC 2019, 39), while their mean annual pay is only just over half the national average.¹² That the labour of care work is unevenly distributed and often undervalued is not a novel observation. Our point is that the distribution of intimate labour and moral responsibility as a result of pandemic responses—in this case lockdown measures—operates along, and reproduces, axes of ethnic, racial, gender, and class inequality.

Exploring the ambivalence of care, Elana Buch shows how racial and gendered hierarchies are reproduced as domiciliary care workers embody the somatic dispositions of the people they care for at the expense of their own tastes (2013). Buch's interlocutors see this as moral work, part of what makes them 'good carers', and hence are willing to subordinate their subjective experience to that of others. Similarly, during lockdown UK care workers often took on extra work and responsibility willingly, as striving to provide good care became a moral imperative that affirmed their sense of moral selfhood. Seen in the limited context of the care home, this work, with its attendant risks and responsibilities, is morally legitimate because it plays a significant role in maintaining the personhood of residents at a time of heightened strain and suffering (cf. Buch 2013, 647). Viewed in relation to labour and risk distribution on a societal scale, the moral imperative to provide good care encourages an already undervalued and often marginalised workforce, who are often also at greater risk from COVID-19, to shoulder extra work, risk, and responsibility during the pandemic. Seeing care only as a moral project of affirmation masks and legitimises the inequalities reproduced through the distribution of care work.

Taking account of the demographic distribution of risk, responsibility, and labour associated with care work during the pandemic, while also understanding care as a moral project for carers, illuminates how providing good care under lockdown

12 A mean annual income of £16,200 (SfC 2019, 81) is just over half the national mean of £30,629 (ONS 2019).

can be simultaneously exploitative and affirming. Examining the proximities and intimacies maintained around home under lockdown sheds light on the fault lines of gender, age, race, and class that are reproduced when moral responsibility, risk, and intimate labour are unevenly distributed by anti-contagion policy. Imagining lockdown as primarily a problem of newly imposed social distance simply does not allow this perspective.

Conclusion

Responses to the pandemic directed at creating social distance also create and reshape closeness and proximity. Attending to these proximities and the forms of intimacy that they foster is central to understanding how coronavirus responses reproduce inequality. In making this argument, we have developed an understanding of intimacy as the mutual implication of lives and subjectivities in one another. Although such intertwinements may be experienced positively, they may also be the basis for damaging relations or be experienced as both affirming and subjecting simultaneously, as in care workers' experience. While our use of intimacy explicitly does not imply subjective experiences of affirmation, a normative assumption that intimacy is generally positively experienced shapes in some way all the violent and subjecting lockdown intimacies we have discussed. Hence, we suggest a move away from this assumption in academic research, policy development, and public messaging around both this pandemic and future public health emergencies. Instead, what Peter Geschiere calls a 'witchcraft vision of intimacy as a sphere of life that ... is full of deep tensions and ambiguities' (2013, 25) might serve as a better base understanding of intimacy upon which to develop research, policy, and messages.

As invocations of home were central to lockdown policy in the UK, both expectations and realities of home shaped the proximities and intimacies we have discussed. The first part of this article explored how messaging that assumes home to be inherently safe and affirming misrecognises the ambivalence of physically close and intimate relations and risks facilitating forms of subjection that rely on both proximity and intimacy. Here, the process of forging and maintaining intimacies is often entwined with reproducing existing inequalities and modes of violence (Jamieson 2011). In the case of domestic abuse, abusers actively enhance and intensify existing forms of intimacy to exercise control and perpetrate abuse. The normative assumption in lockdown policy and messaging that home is safe and sociality-affirming creates spaces in which these tactics thrive and entrenches behaviours that are increasingly difficult to overcome once established. The problems created by confusing sociality with sociability during lockdown are thus not necessarily undone by lifting restrictions and re-establishing 'normal' social contact.

Although home connotes intimate affirmation for care workers, they recognise that homeliness is not a given but an ideal that requires skill and effort to maintain. Lockdown restrictions that made homeliness difficult to achieve in care homes also made providing care ‘in the round’ a moral imperative for care workers, who by dint of remaining physically close to them witnessed residents’ increasing suffering. Making a sense of home in these circumstances takes a high toll; care workers take on the extra physical and emotional labour of providing good care ‘in the round’, are exposed to greater personal risk, and shoulder the moral responsibility of potentially being disease vectors both beyond and within the care home. This labour, risk, and moral responsibility are distributed along gendered, racialised, and class lines.

In care homes, proximity and the intimate care it affords emerge as a double-edged sword. Care sustains vulnerable residents under trying circumstances and affirms care workers’ moral subjectivity; but providing care increases the burden of risk and labour on people whose work is already devalued and whose lives are often relatively precarious. Rather than seeing intimacy and proximity as *either* affirming *or* damaging, it is perhaps more useful to see affirmation and subjection as intertwined in the new and altered proximities and intimacies of lockdown. Intimacy and proximity not only have the potential to generate contrasting subjective experiences (of affirmation or subjection, say) but can produce such experiences simultaneously. Hence, it is important to avoid normative assumptions about the safety or sustaining nature of sociality, intimacy, and aligned concepts such as home, in favour of comprehensive attention to the qualities of intimate and proximate relationships and how their effects (whether affirming, subjecting, or otherwise) are unevenly distributed.

With further lockdowns occurring across the world, understanding how lockdown measures reproduce and reinforce inequality by fostering proximity and intimacy is important for shaping more equitable containment strategies in future. Whatever the future of this pandemic, diseases communicated by close proximity remain a fact of life across the world, and 2020 is unlikely to be the last time that anti-contagion measures re-shape daily life on a widespread scale. Hence, understanding how anti-contagion measures produce physical proximity as well as distance is key to recognising how disease affects society. More importantly, it is central to confronting the intersecting forms of violence and inequality—including those relating to race, gender, age, class, and sexuality—which, although they may predate outbreaks of communicable diseases such as COVID-19, are nevertheless exacerbated by pandemic responses.

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